| COLLEGE / UNIVERSITY | ROBERT MORRIS UNIVERSITY | | SHORELIGHT | |
|---|---|---|---|---|
| POLICY YEAR | 2023-2024 | | 2023-2024 | |
| Student Premium | UG/GR - $2,404.56 | | UG/GR - $2,200 | |
| Underwriter | UPMC Health Options, Inc. | | Wellfleet | |
| PPO Network | PPO Premium | | Cigna PPO | |
| Eligibility | Mandatory | | Mandatory | |
| ACA Compliant | Yes | | Yes | |
| BENEFITS | *IN-NETWORK* | *OUT-OF-NETWORK* | *IN-NETWORK* | *OUT-OF-NETWORK* |
| Plan Benefit Maximum | Unlimited | | Unlimited | |
| Deductible (Indiv.) | $500 | $1,000 | $100 | $200 |
| Out-of-Pocket Max. (Indiv.) | $6,000 | $10,000 | $2,500 | $5,000 |
| INPATIENT | | | | |
| Inpatient Services | 20% coinsurance, after deductible | 40% coinsurance after deductible | 10% coinsurance, after deductible | 30% coinsurance, after deductible |
| OUTPATIENT | | | | |
| Physician Visit | $20 copay | 40% coinsurance after deductible | $10 copay | 20% coinsurance after deductible |
| Specialist Visit | $40 copay | 40% coinsurance after deductible | $10 copay | 20% coinsurance after deductible |
| Urgent Care | $40 copay | 40% coinsurance after deductible | $10 copay | 20% coinsurance after deductible |
| Mental Health/Chemical Dependency Visit | $20 copay | 40% coinsurance after deductible | $10 copay | 20% coinsurance after deductible |
| Emergency Room | $125 copay after deductible | | 10% coinsurance, after deductible | |
| Ambulance | 20% coinsurance after deductible | | 10% coinsurance, after deductible | |
| Diagnositic Services<br>X-ray & labs | 20% coinsurance after deductible | 40% coinsurance after deductible | 10% coinsurance after deductible | 30% coinsurance after deductible |
| Imaging (CT/PET, MRIs | 20% coinsurance after deductible | 40% coinsurance after deductible | 10% coinsurance after deductible | 30% coinsurance after deductible |
| Preventive Care | Covered in Full | Not covered | Covered in Full | 20% coinsurance after deductible |
| PRESCRIPTION COVERAGE | | | | |
| Generic | $15 copay | | $10 copay | |
| Preferred Brand | $50 copay | | $20 copay | |
| Non-Preferred Brand | $75 copay | | $40 copay | |
| VISION & DENTAL | | | | |
| Vision | Pediatric Vision Plan per ACA (for members 19 and under) | | Comprehensive vision plan through VSP<br>Eye exam ($10 copay), glasses ($150 allowance) or contact lenses ($150 allowance) | |
| Dental | Pediatric Dental Plan per ACA (for members 19 and under) | | Basic Dental Plan<br>100% coverage for cleanings/x-rays<br>75% coverage for fillings | |
| NOTES | | | | |
| | | | When Treatment is rendered at the Student Health Center, the Deductible and Copayments will be waived and benefits will be paid at 100% for Covered Medical Expenses. | |